

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) AUTO/0034	RECEIVED CENTRAL FAX CENTER NOV 16 2004
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to the fax number indicated by the Examiner, namely, fax number (703) 872-8306 to the attention of the named Examiner, on November 16, 2004.		In re Application of WADSWORTH, JOHN	
Signature <u>[Signature]</u> Typed or printed name JOHN C. CAREY		Application Number 09426,143	Filed OCTOBER 22, 1999
For SPECIFYING OPERATIONS TO BE APPLIED TO THE ATTRIBUTES OF A SET OF OBJECTS			
Art Unit 2572		Examiner HARRISON, CHANTE E.	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.205)(1) \$ 340.00			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2039 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 20-0792/AUTO/0034 . I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.			
I am the			
<input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/69)			
<input checked="" type="checkbox"/> attorney or agent of record. Registration number 51,532 .			
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____			
Signature <u>[Signature]</u> JOHN C. CAREY Typed or printed name		650-330-2310 Telephone number	
		NOVEMBER 16, 2004 Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			